PART B - FEE(S) TRANSMITTAL

14: 1

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 11/27/2007 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. NOVAKOV, DAVIS & MUNCK, P.C. 900 THREE GALLERIA TOWER 13155 NOEL ROAD DALLAS, TX 75240 1015 (Depositor's name (Signature 02/28/2008 FMETEKI2 00000101 09589626 (Date) 108 E MERLICATION NO. FILING DATEO OP FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO PRES06-00147 8612 09/589.626 06/07/2000 Ronald A. Schachar TITLE OF INVENTION: SCLERAL PROSTHESIS FOR TREATMENT OF PRESBYOPIA AND OTHER EYE DISORDERS PUBLICATION FEE DUE APPLN. TYPE SMALL ENTITY PREV. PAID ISSUE FEE **ISSUE FEE DUE** TOTAL FEE(S) DUE DATE DUE NO \$1440 \$0 nonprovisional \$1440 02/27/2008 EXAMINER ART UNIT CLASS-SUBCLASS WILLSE, DAVID H 3738 623-004100 1. Change of correspondence address or indication of "Fee Address" (37 GFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 35 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for precordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Refocus Ocular, Inc. Dallas, Texas Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 💆 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are submitted: 4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0208 (enclose an extra copy of this form). Advance Order - # of Copies _ 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature Typed or printed name William A. Munck Registration No. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FEB 2 7 2008

In re application of:

Ronald A. Schachar

Application No.

09/589,626

Filed

June 7, 2000

For

SCLERAL PROSTHESIS FOR TREATMENT OF

PRESBYOPIA AND OTHER EYE DISORDERS

Art Unit

3738

Examiner

David H. Willse

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

CERTIFICATE OF MAILING BY EXPRESS MAIL

The undersigned hereby certifies that the following documents:

- 1) Part B Issue Fee Transmittal (in duplicate);
- 2) Check in the amount of \$1,455.00 for issue fee (\$1,440.00) and soft copies of patent (\$15.00);
- 3) Fee Transmittal for FY 2008 (in duplicate);
- 4) Request for Reconsideration of Patent Term Adjustment Determination Under 37 C.F.R. §1.705(b);
- 5) Check in the amount of \$200.00: and
- 6) A Postcard receipt

relating to the above application, were deposited as "Express Mail", Label No. EM197450515US with the United States Postal Service, addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on February 27, 2008.

Date:

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7.4.1

Date:

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